Effective October 1, 2003									10609143					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OTHE	R THAN ENTITY		
TOTAL CLAIMS								RATE	Π	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE	385.00	OR	BASIC FEI	770.00	
TOTAL CHARGEABLE CLAIMS			9 minus 20=		•	0		XS 9:	_		OR	XS18=		
INDEPENDENT CLAIMS) minus 3 =		*	0		X43=	+		1	X86=		
М	JLTIPLE DEPE	NDENT CLAIM F	PRESENT					740-	+		OR		ļ	
•	the difference	e in column 1 is	less than	rere enter	"O" io 4	naluma 2		+145=		= <u>-</u>	OR	+290=		
			less than zero, enter "0" in column 2					TOTAL	L		OR	TOTAL	270	
CLAIMS AS AMENDED - PART II 6-27の3 (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY						
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST ER USLY	PRESENT EXTRA		RATE	Т	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 9	Minus	- Ze		=		X\$ 9=			OR	X\$18=		
	Independent	1. 2	Minus	3		·		X43=			OR	X86=		
Ľ.	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM .							+145=	T			. 200		
								TOTA	╬		OR	+290=		
2//6/06 (Column 1) (Column 2) (Column 3)							A	ODIT. FEI	E L _		OR,	ADDIT, FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ST ER JSLY	PRESENT EXTRA		RATE	T	ADDI- ONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 6	Minus	- 2	0	· 0		X\$ 9=		ł	OR	X\$18=	0	
	Independent	ependent Minus ST PRESENTATION OF MULTIPLE DEPENDENT C		21 0124	- >		X43=	T		OR	X86=	0		
	The state of the s										OR	+290=		
								TOTAL			i L	TOTAL	7)	
		(Column 1)		(Column	1 2)	(Column 3)	~(JUI 1. FEC			^	DDIT. FEE L		
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ST SR SLY	PRESENT EXTRA		RATE	TIC	DDI- ONAL EE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		= .	Γ	X\$ 9=			OR	X\$18=		
	Independent		Minus	***		=	H	X43=	f		`. †	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								-		DR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **OP TOTAL ADDIT. FEE ADDIT. FEE ADDIT. FEE														
11	the Highest Nur	nber Previously Pa ber Previously Paid	d For' IN THIS	S SPACE is I	es than	3 enter "3"			prop		~	0017, FEE L 710 1.		

Application or Docket Number